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490	7590 01/20	/2011	nave		icate of Mailing or Trans		
	TT & STEINKRA ) SHADY OAK RO , MN 55344		I he Stat addi trans	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/087,303	10/087,303 02/28/2002		David McMorrow	S63.2-9719-US01		2109	
TITLE OF INVENTION:	BALLOON FOLDING	APPARATUS, METHO	DDS AND PRODUCTS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/20/2011	
EXAMI	EXAMINER		CLASS-SUBCLASS				
SEVERSON, RYAN J		3731	606-194000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	ess an assignee is identi in 37 CFR 3.11. Comp ENEE ic Scimed, Inc.	ified helow, no assignee oletion of this form is NO	(B) RESIDENCE: (CITY Maple Grove, M	atent. If an assignee assignment. and STATE OR CO N	UNTRY)	ocument has been filed for	
4a. The following fee(s) are submitted:  Issue Fee Publication Fcc (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity State  a. Applicant claims	us (from status indicated SMALL ENTITY statu	'	h. Applicant is no long	ger claiming SMALI.	ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature/Martha J. Engel/			DateApril 19, 2011				
Typed or printed nameMartha J. Engel			Registration No.				
an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the ONOT SEND FEES OR	1.14. This collection is est depending upon the individual of the Chief Information Office.	imated to take 12 mi idual case. Any com rr, U.S. Patent and Tr O THIS ADDRESS.	nutes to complete, includir ments on the amount of the ademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.	